

DECLARATION AND POWER OF ATTORNEY FOR U.S. PATENT APPLICATIONS

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,
and

I believe I am an original, first and joint inventor of the subject matter which is claimed
and for which a patent is sought on the invention entitled

**METHODS OF TREATING THROMBOSIS WITH REDUCED
RISK OF INCREASED BLEEDING TIMES**

the specification of which is attached hereto.

I hereby state that I have reviewed and understand the contents of the above identified
specification, including the claims.

I acknowledge my duty to disclose all information which is known by me to be material to
the patentability of this application as defined in 37 C.F.R. §1.56.

I hereby claim the benefit under 35 U.S.C. §119(a)-(d) or §365(b) of any foreign
application(s) for patent or inventor's certificate listed below and under 35 U.S.C. §365(a) of any
PCT international application(s) designating at least one country other than the United States
listed below and have also listed below any foreign application(s) for patent or inventor's
certificate or any PCT international application(s) designating at least one country other than the
United States for the same subject matter and having a filing date before that of the application
the priority of which is claimed for that subject matter:

None

I hereby claim the benefit under 35 USC §119(e) of any United States provisional
application(s) listed below:

Application No.

Filing Date

60/448,646

February 19, 2003

I hereby claim the benefit under 35 U.S.C. §120 of any United States application(s) listed
below and under 35 U.S.C. §365(c) of any PCT international application(s) designating the

United States listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in said prior application(s) in the manner required by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose all information known by me to be material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date(s) of the prior application(s) and the national or PCT international filing date of this application:

None

I hereby appoint the attorneys and agents associated with **Customer No. 23914**, respectively and individually, as my attorneys and agents, with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

Please address all communications to the address associated with **Customer No. 23914**, which is currently Stephen B. Davis, Bristol-Myers Squibb Company, Patent Department, P.O. Box 4000, Princeton, NJ 08543-4000.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. §1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

DOCKET NO.: HA0793-NP

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Examiner:

W. A. Schumacher

unknown

Serial No.: **to be assigned**

Group Art Unit: **unknown**

Filed: **February 18, 2004**

Confirmation No. **unknown**

For: **METHODS OF TREATING THROMBOSIS WITH REDUCED RISK OF
INCREASED BLEEDING TIMES**

Hon. Assistant Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

**PETITION TO ADD PAGE TO COMBINED DECLARATION AND POWER OF
ATTORNEY FOR SIGNING BY LEGAL REPRESENTATIVE
ON BEHALF OF DECEASED (37 CFR 1.42)**

I, **Jing S. Belfield**, hereby declare that:

1. I am a citizen of the United States, residing at 205 Eagles Chase Drive, Lawrenceville, NJ 08648.
2. I am executing and signing the declaration to which this is attached as legal representative of :

**Steven Seiler
United States of America
101 North Main Street
Pennington, NJ 08534**

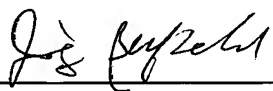
DOCKET NO.: PH-7308

USSN: to be assigned

That, upon information and belief, I aver those facts that the inventor is required to state.

Respectfully submitted,

Date: February 18, 2004



Jing Belfield, Ph.D.
Agent for Applicants
Registration No. 45,914

Bristol-Myers Squibb Company
Patent Department
P.O. Box 4000
Princeton, NJ 08543-4000
(609) 252-3791 (phone)
(609) 252-4526 (fax)